Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
AND FLAN OF CORRECTION		IDENTIFICATION NOMBER.		A. BUILDING: _									
	B087117			B. WING		06/2	06/28/2016						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
CATHOLIC CHARITIES ADULT DAY SERVICES 5920 W CENTRAL STREET													
	OLIMA A DV OT	ATEMENT OF REFIGIENC	WICHITA, I		DDOWNERIO DI ANI OF CORRECTI	ON							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPL  CROSS-REFERENCED TO THE APPROPRIATE DATI  DEFICIENCY)								
S 000	0 INITIAL COMMENTS			S 000									
	The following citation represents the findings of a resurvey with investigation of complaint #101466 at the above adult day care facility on 6/27/16 and 6/28/16.												
S2280 SS=E	26-43-102 (d) Staff Qualifications Employee Records			S2280									
	d) The employee records and agency staff records shall contain the following documentation:  (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training;  (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;  (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and(4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work.  This REQUIREMENT is not met as evidenced by: KAR 26-43-102(d)(2)												
	The facility reported a sample included 3 cli review and interview records reviewed, the	ents. Based on rec for 3 of 4 certified e	ord mployee										

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

PRINTED: 07/08/2016 FORM APPROVED

Kansas Department on Aging

B087117   B. WING			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
CATHOLIC CHARITIES ADULT DAY SERVICES  S10 W CENTRAL STREET WICHITA, KS 67212    (24) ID PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)    S2280   Continued From page 1   S2280   each employee's record contained supporting documentation for criminal background checks of facility staff and contract staff pursuant to K.S.A. 39-970 and amendments thereto.    Findings included:			B087117	B. WING		06	/28/2016	
CATHOLIC CHARITIES ADULT DAY SERVICES   WICHITA, KS 67212	NAME OF P	ROVIDER OR SUPPLIER						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S2280  Continued From page 1  each employee's record contained supporting documentation for criminal background checks of facility staff and contract staff pursuant to K.S.A. 39-970 and amendments thereto.  Findings included:  - Review of 4 certified employee records on 6/28/16 revealed the following:  Certified nursing assistant A hired 7/28/14 contained a criminal background check from the department dated 8/14/14.  Certified medication aide B hired 4/5/16 lacked a criminal background check from the department.  Certified nursing assistant C hired 3/17/16 lacked a criminal background check from the	CATHOLI	C CHARITIES ADULT DA	Y SERVICES		ĒΤ			
each employee's record contained supporting documentation for criminal background checks of facility staff and contract staff pursuant to K.S.A. 39-970 and amendments thereto.  Findings included:  - Review of 4 certified employee records on 6/28/16 revealed the following:  Certified nursing assistant A hired 7/28/14 contained a criminal background check from the department dated 8/14/14.  Certified medication aide B hired 4/5/16 lacked a criminal background check from the department.  Certified nursing assistant C hired 3/17/16 lacked a criminal background check from the	PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE	
Certified nursing assistant hired 10/1/15 lacked a criminal background check from the department.  At 9:45 a.m. on 6/28/16, operator confirmed criminal background checks were not requested from the department.  The operator failed to ensure each employee's record contained supporting documentation for criminal background checks of facility staff and contract staff pursuant to K.S.A. 39-970 and amendments thereto.	\$2280	each employee's record documentation for critifacility staff and control 39-970 and amendments.  Findings included:  Review of 4 certified 6/28/16 revealed the Certified nursing assist contained a criminal beckground of the certified medication a criminal background of the certified nursing assist a criminal background department.  Certified nursing assist a criminal background of the certified nursing assist criminal background of the certified nursing assist criminal background of the department.  The operator failed to record contained superiminal background of the certified nursing assist criminal background of the department.	ord contained supporting minal background checks of ract staff pursuant to K.S.A. ents thereto.  Id employee records on following:  Istant A hired 7/28/14  Dackground check from the 4/14.  Indie B hired 4/5/16 lacked a check from the department.  Istant C hired 3/17/16 lacked a check from the department.  Istant hired 10/1/15 lacked a check from the department.  If operator confirmed checks were not requested ensure each employee's porting documentation for checks of facility staff and at to K.S.A. 39-970 and	f	DETICIENC			